



**PATIENT PRESENTING CLINICAL SIGNS**

Frankie Marchione Frankie was the runt of the litter. Had previous seizure (possible toxin exposure). Chronically elevated ALT. Markedly elevated bile acids. Urinary bladder stones noted. Clinically normal at this time. Bilateral cryptorchid - previous ultrasound performed elsewhere showed them to be in inguinal region.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: -Retained testicles - suspect palpated in inguinal regions. -Elevated ALT, markedly elevated bile acids

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

**BREED**

Bichon Frise Mix

A pre- and post-contrast CT study of the abdomen is provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

MI

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys are prominent. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. In the urinary bladder, multiple mineral attenuating calculi measuring < 1 mm are appreciated as well as one larger calculus measuring 5.5 mm in size.

**AGE**

2.5 Years

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The hepatic volume is decreased, and the gastric axis is steep. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing. The intrahepatic portal branches can be appreciated up to the 3<sup>rd</sup> order vessels.

**HOSPITAL NAME**

Animal Health Partners

Originating from the left gastric vein, an anomalous vascular loop is extending cranially beyond the stomach – at the mediadorsal aspect of the fundus of the stomach – coursing over the left hepatic lobes up to the level of the diaphragm. The anomalous vessel has a diameter of 7.3 mm. Level with the diaphragm, the anomalous vascular loop is draining into a moderately dilated phrenic vein.

The diameter of the portal vein cranial to the splenic vein is decreased.

**REFERRING VET**

Dr. Ashley Gold

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

**INVOICE**

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Both testicles are appreciated in the subcutaneous tissue in the inguinal region bilaterally.

**DATE**

10-12-22

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Single congenital extrahepatic portosystemic shunt, left gastric vein to phrenic vein (porto-phrenic shunt)
- Secondary microhepatica
- Secondary renomegaly
- Cystolithiasis without signs of obstruction – suspect ammonium urate
- Bilateral inguinal cryptorchism



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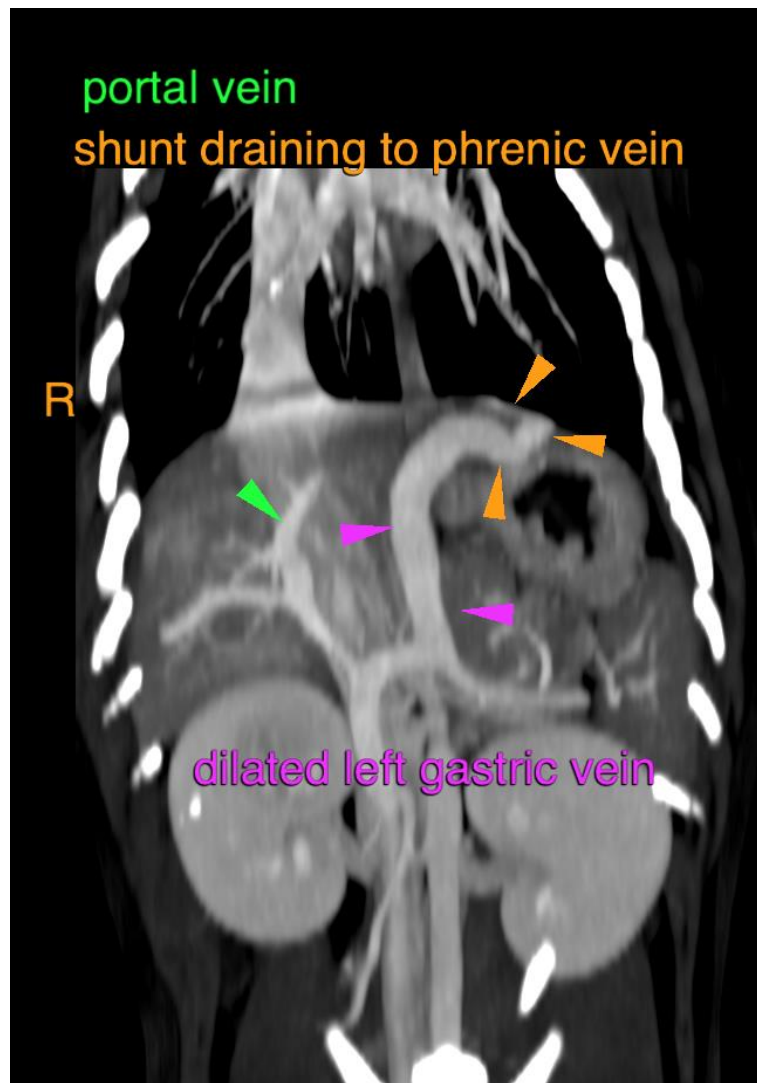
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The current CT study is consistent with a congenital single extrahepatic portosystemic shunt (left gastric vein phrenic vein). Secondary mild microhepatica, renomegaly and likely ammonium-urate calculi in the urinary bladder.

Surgical intervention either by a slow progressive closure technique (ameroid constrictor, cellophane banding) is the therapy of choice, in the current case ligation of the shunt vessel may be feasible as well if there is no evidence of portal hypertension during digital compression of the shunting vessel. Empirical treatment until surgery along with feeding of a hepatic diet is recommended.





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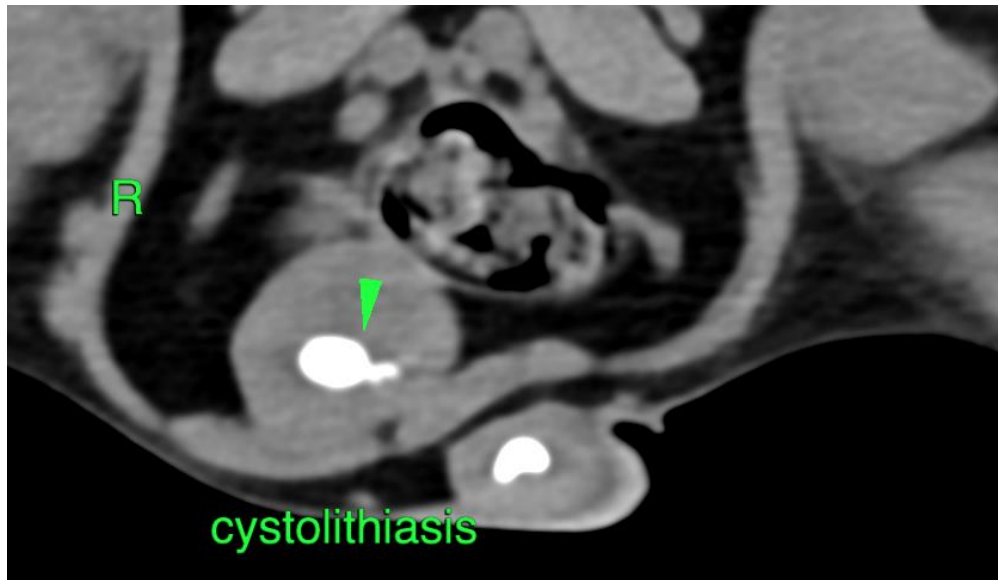
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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